

CLASS X.

- 1901— 5 Apparently pulmonary tuberculosis, but also edema of brain and gelatinous pneumonia. (Microscopic.)
 36 Fully and parenchymatous degeneration of liver.
 103
 117
 1904— 42 Tuberculous meningitis (miliary tubercles).
 100 Acute paronephritic nephritis.
 116 Cardiac fibrosis; bronchopneumonia.
 130 Myocarditis, fibrosis, and fatty infiltration.
 176 Brown atrophy of heart; fibroid lung (left); ulcerative tuberculosis of right lung.
 1905— 13 Chronic myocarditis; chronic diffuse nephritis.
 33 Tuberculous pneumonia.
 30 Nephritis; myocarditis; pulmonary edema and congestion.
 135 Tuberculous pneumonia of right lung (1120 grams), entirely solid; left, slight.
 4415 Pathological diagnosis written by pathologist personally states miliary tuberculosis of liver; detailed report does not state.
 4345 Amyloid liver, spleen, kidney, intestines, etc.
 4287 Few tubercles grossly. Not reported microscopically.
 4224 Typical course of chronic pulmonary tuberculosis; tuberculosis in liver reported grossly, but not mentioned in histological report.
 4197 Same as 4224. Reported grossly.
 4221
 4316
 20 cases.

ANALYSIS OF ONE HUNDRED AND THIRTY-FOUR CASES OF BACTERIEMIA.

By MORTIMER WARREN, M.D., AND W. W. HERRICK, M.D.,
 NEW YORK CITY.

(From the Roosevelt Hospital, New York City.)

EXCEPTING the statements in the monographs of Canon¹ and Lenhartz,² and the brief summaries of Soper,³ Jochmann,⁴ Burnham,⁵ Bertelsmann,⁶ and a few others, it is difficult to find statistics of volume sufficient to have value in judging the prognosis of bacteriemias. Bertelsmann summarizes 49 cases of bacteriemia, Canon 98, Lenhartz 90, Soper 29, Burnham 111.

In the study here presented we have tabulated 134 cases of

¹ Die Bacteriologie des Blutes bei Infektionskrankheiten, Jena, 1905.

² Die septischen Erkrankungen, Nothnagel, Spez. Path. and Therap., Wein., 1903, iii, 4, 1, 197.

³ A Series of Cases of Staphylococcus aureus sepsis, Proc. New York Path. Soc., 1912, N. S., xii, 223-225.

⁴ Handbuch der inn. Med., 1911, i, 655.

⁵ Vaccine and Serum Therapy in Septicemia, Ann. of Surg., 1914, lxx, 5, 653.

⁶ Die Allgemein Infektion bei chirurgischen Infektionskrankheiten, Deutsch. Ztschr. f. Chir., 1904, lxxii, 209.

BACILLUS MALLEI—DIED.

CASE No. 99, D. 1140.—*Age*—Thirty-eight years. *Diagnosis*—Glanders. *Maximum temperature*—105.6°. *Blood culture*—*Bacillus mallei*; no growth in solid media. *Treatment*—Palliative. *Result*—Died.

CASE No. 132, D. 1737.—*Age*—Thirty-seven years. *Diagnosis*—Glanders, balanoposthitis. *Maximum temperature*—105.4°. *Leukocytes*—26,000; polynuclears, 87 per cent. *Blood culture*—*Bacillus mallei*; no growth in solid media. *Treatment*—Palliative. *Result*—Died.

BACILLUS FECALIS ALKALIGENES—CURED.

CASE No. 134.—*Age*—Thirty years. *Diagnosis*—Gastroenteritis. *Blood culture*—*Bacillus fecalis alkaligenes*; no growth in solid media. *Treatment*—Palliative. *Result*—Cured.

DIABETES IN CHINA.

By ALFRED C. REED, M.D.,

YALE HOSPITAL, CHANGSHA, CHINA.

It has long been accepted that diabetes mellitus does not occur in the tropics and the Orient, or at least that its occurrence there is infrequent. Not much definite information is available on this point. That the situation, however, is either changing or better understood is indicated by an item in the *India correspondence* of the *British Medical Journal*, October 3, 1914 (p. 604), to the effect that the Madras Government, being impressed by the serious frequency of diabetes among the educated classes of that presidency, has appointed an investigator who is to give three years' study to the problems of causation and prevention. In regard to China, opinion is vague as to the prevalence of diabetes and the reasons for it.

To secure the data here presented, a questionnaire was sent to 150 representative western physicians scattered as evenly as possible through the eighteen provinces of China and Korea. Sixty-three replies were received, of which 28 reported no cases observed in periods of from eighteen months to thirty years' medical experience in China. Of the remaining 35 a number of case reports were so inexact and the diagnosis so lacking in adequate support as to preclude their consideration. Apparently reliable reports were obtained of 206 cases of diabetes mellitus,¹ of which the great

¹ Since preparing the above report, one case of diabetes mellitus has been treated in the Yale Hospital, making the total list 207 cases. This case died after two days in coma.